



BESA REFEREE EVALUATION

Coach's Name: _____ Age Group: _____

Team Name: _____ Assoc: _____ Score: _____

Opposing Team: _____ Assoc: _____ Score: _____

Date of Game: _____ Time of Game: _____

Field: _____ Referee: _____

Please complete and email to Director of Officials via the contacts page on besasoccer.com, or fold and mail to address below within 72 hours of game.

Linesperson: _____

Linesperson: _____

Ratings	Poor	Average				Excellent	Comments
Appearance	1	2	3	4	5		_____
Attitude	1	2	3	4	5		_____
Impartiality	1	2	3	4	5		_____
Knowledge of Laws	1	2	3	4	5		_____
Call Decisiveness	1	2	3	4	5		_____
Game Control	1	2	3	4	5		_____
Field Coverage	1	2	3	4	5		_____
Signal Clarity	1	2	3	4	5		_____
Communications	1	2	3	4	5		_____
Use of Linespersons	1	2	3	4	5		_____

BESA Director of Officials
P.O. Box 925
Euless, TX 76039